

ORTHODONTIC COVERAGE FOR CHILDREN

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the [provider enrollment chart](#) for additional details on enrollment eligibility and supporting documentation requirement.

Orthodontic services may be provided by the following providers:

- Orthodontists
- Dentists

ELIGIBLE RECIPIENTS

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories.

New Treatment

The recipient must be under age 21 and eligible for South Dakota Medicaid at the beginning of orthodontic treatment.

Continuation of Treatment Started before Recipient was Medicaid Eligible

When an individual who is already in active orthodontic treatment becomes eligible for Medicaid the orthodontic case may be submitted to South Dakota Medicaid for consideration of coverage. Coverage will depend on a qualifying score based on a review of the records at the time the recipient started orthodontic care. The original records must be submitted to the Dental Vendor for evaluation. The recipient must be under age 21. If the recipient's current provider is not the provider who initiated the original care, it is the patient's responsibility to obtain the records from the original provider. If approved for benefits, the allowable fee will be prorated based on the treatment start date and the treatment remaining.

General Coverage Principles

Providers should refer to the [General Coverage Principles](#) manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;

- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

ORTHODONTIC TREATMENT PRIOR AUTHORIZATION

The recipient must meet all of the following criteria to be approved for orthodontic treatment:

1. Recipient is under age 21 at the commencement of treatment.
2. Completion of the Pre-Orthodontic Certification Form signed by the recipient's general dentist attesting:
 - Recipient is up to date with preventative care
 - Recipient exhibits good oral hygiene practices at home
 - Recipient is up to date with restorative work
3. The treatment is medically necessary as determined by a score of 30 or higher on the Handicapping Labio-Lingual Deviations Form (HLD Index). The orthodontic provider must submit a completed copy of the HLD Index and the accompanying documentation for verification of score by dental consultants:
 - Full mouth panoramic or cephalometric films
 - Facial and intraoral photos
 - Detailed treatment plan along with diagnosis and prognosis
4. Parent/legal guardian of the recipient completes an Orthodontic Education Session with a Medicaid Dental Care Coordinator;
5. Parent/legal guardian of the recipient sign and return statement of orthodontic service agreement document summarizing the patient responsibilities discussed in the Orthodontic Education Session.

The Dental Vendor will send notification authorizing the orthodontic provider to begin treatment only after all above criteria have been met. No orthodontic treatment payments will be made for patient who has not been approved for treatment.

COVERED SERVICES AND LIMITS

Covered orthodontic treatment is limited to those procedure codes contained in this manual and listed on the South Dakota Medicaid [Children Services Dental Fee Schedule](#). Orthodontic treatment must be medically necessary to correct a handicapping malocclusion. The orthodontic provider must submit a pre-determination request for all interceptive or comprehensive orthodontia services prior to beginning treatment.

Medically necessary orthodontic treatment is:

- Treatment necessary to correct a condition which scores 30 or higher on the Handicapping Labio-Lingual Deviations Form (HLD Index); or
- Treatment necessary to correct a condition that constitutes a handicapping malocclusion. A malocclusion is handicapping if there is an impairment of or a hazard to the ability to eat, chew, speak, or breathe that is related to the malocclusion.

Orthodontic treatment includes treatment of transitional, adolescent or adult dentition. Treatment may incorporate several phases with specific objectives at various stages of dento-facial development.

Interceptive Orthodontic Services

Orthodontic treatment includes minor treatment for tooth guidance, minor treatment to control harmful habits, treatment of anterior and posterior cross bite and minor retreatment for tooth guidance in transitional dentition. Limited treatment is not part of the comprehensive treatment plan.

The Dental Vendor must authorize interceptive treatment before any treatment is initiated. Authorization is based on documentation submitted to the Dental Vendor by the provider. The documentation must include:

- Full mouth panoramic or cephalometric films
- Facial and intraoral photos
- Detailed treatment plan along with diagnosis and prognosis

Transfer of Orthodontic Care in Progress

If a recipient moves who has already been previously approved for orthodontic benefits, and the orthodontic treatment will be continued by another provider, the new provider should submit a claim with his/her diagnostic workup and treatment plan to the dental vendor. The claim must include the time and fee needed to complete the treatment. Upon approval a new voucher will be issued to the provider indicating the balance of payment remaining for the completion of the treatment.

NON-COVERED SERVICES

Non-covered services include:

- Orthodontic treatment for individuals over age 21;
- Treatment not authorized by South Dakota Medicaid's dental vendor;
- Modifications to treatment plans or new treatment plans when the recipient is no longer Medicaid eligible.

DOCUMENTATION REQUIREMENTS

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6

years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Reimbursement for orthodontic services is made using a standard 24-month treatment plan timeline. Effective July 1, 2020, payment is made in the following increments based on the recipient's completion of each approved treatment phase:

- First payment is one-half of the total allowance, issued at the time of placement of orthodontic appliances.
- Second payment is one-quarter of the total allowance, issued after twelve months at treatment midpoint. The orthodontic provider must submit documentation supporting that the individual is an active treatment. The Dental Vendor will verify the patient is in active treatment prior to issuing the payment. The orthodontic provider's failure to submit supporting documentation at treatment midpoint may result in a forfeiture of the second payment due to timely filing requirements.
- Final payment is one-quarter of the total allowance, issued at the completion of treatment. The orthodontic provider must submit documentation that full treatment has been rendered, including final treatment records. The orthodontic provider's failure to submit supporting documentation at the point of treatment completion may result in a forfeiture of the final payment due to timely filing requirements.

For orthodontic services approved prior to July 1, 2020, payment is made in the following increments based on the recipient's eligibility at the start of each approved treatment phase:

- First payment is one-third of the total allowance, issued at the time of the placement of hardware/brackets.
- Second payment, is one-third of the total allowance, and will be issued after twelve months or midway through treatment plan. The Dental Vendor will verify the patient is in active treatment prior to issuing the payment.
- Final payment is the final one-third of the total allowance for the completion of treatment and will be issued following notification from the dental office that full treatment has been rendered and final treatment records have been evaluated.

If the patient does not complete the entire orthodontic treatment with the authorized provider, payment is subject to the refund based on the above formula.

South Dakota Medicaid covers the repair or replacement of one orthodontic appliance. Any additional repairs or replacements are the recipient's responsibility.

Payment for Recipients who Lose Medicaid Eligibility During Treatment

South Dakota Medicaid covers the second and final payment of an approved treatment plan provided all payment criteria is met if the recipient loses Medicaid eligibility during the approved treatment plan period.

Modifications to the treatment plan, extensions of the treatment plan, and ancillary procedures performed by an oral surgeon or other provider are not covered when a recipient loses Medicaid eligibility.

Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

Third-Party Liability

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the [General Claim Guidance](#) manual for additional information.

DEFINITIONS

1. "HLD," Handicapping Labio-Lingual Deviations Form – a qualitative, objective method for measuring malocclusion
2. Orthodontic education session – a required phone call between the Medicaid Care Coordinator and the patient's parent or guardian discussing the patient's responsibilities related to orthodontic treatment and the potential barriers to successfully completing treatment.
3. Statement of orthodontic services agreement – statement signed by the patient's parent or guardian that they understand their responsibilities related to the orthodontic treatment.

REFERENCES

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

QUICK ANSWERS

1. **A patient with Medicaid coverage contacted our office for an orthodontic assessment but does not have a general dentist. What should we do?**

Explain to the patient that it is required to have the Pre-Orthodontic Certification Form signed by a general dentist prior to completing an orthodontic assessment. Your office can schedule the patient for an assessment, but the patient must have the form signed prior to the appointment. Recipients without a dental home may be referred to the Delta Dental of South Dakota contact center at 1-877-841-1478 for assistance in locating a dental home.

2. Who can help find a general dentist or dental home for a recipient?

Medicaid recipients can be referred to the Delta Dental of South Dakota contact center at 1-877-841-1478 for assistance in locating a dental home.

3. One of my patients has missed appointments and now I am unable to reach him/her. Does Medicaid have any resources that can help contact the patient?

The Medicaid Dental Care Coordination team assists dental providers with “at risk” individuals. Providers may use the At-Risk Referral Form and Instructions to refer Medicaid recipients to the Medicaid Dental Care Coordination team for dental care coordination services. The At-Risk Referral Form is submitted to the Dental Care Coordination team by email. To initiate the process, e-mail sdmedicaid@deltadentalsd.com to receive the At-Risk Referral form with instructions. More information can be found in the South Dakota Medicaid [Dental Care Coordination](#) provider manual.

4. A patient with Medicaid coverage says they want an appointment without meeting the criteria and they will pay in cash. Can my office schedule them as a private pay patient?

If your office accepts Medicaid as a payment source and the patient has Medicaid coverage, the treatment plan must be submitted to Medicaid for review before entering into a private pay agreement. If the recipient meets the criteria for coverage, the office must bill Medicaid for the treatment.